

Item A: This should be **the sponsor's** Social Security Number. If the claim is denied because the member is not enrolled in DEERS, make sure that Item A is correct.

Item B: Anytime that you inquire about a claim, you should use this claim number.

Item C: The allowed amount is the amount approved by TRICARE for the service. If the TRICARE allowed amount is different than the billed amount there will be a code explaining the reason. **Be careful!** In some cases it may describe a cost for services that are not a TRICARE covered benefit. Check with your WPS or your Health Benefits Advisor.

Item D: Any amount that you need to pay, in addition to what TRICARE pays will be shown under the deductible or cost share section.

Item E: This shows the actual amount paid by TRICARE.

Beneficiaries of TRICARE who have had their claims processed by WPS, and who register to receive secured access to the TRICARE4u site, can check online for the status of their claims, their own eligibility or that of a family member, view their out-of-pocket expenses, update their personal information, and much more. For more information visit: www.TRICARE4u.com



Do you have questions about your EOB?



Active Duty Members:

**Wisconsin Physician Service (WPS)
Active Duty Overseas
P.O. Box 7968
Madison, WI 53707-7968**

Active Duty Family Members:

**Wisconsin Physician Service (WPS)
Foreign Claims
P.O. Box 7985
Madison, WI 53707-7985**

**Or you can reach WPS at:
(608) 301-2310/2311**

This publication produced by the marketing department of the TRICARE Pacific Lead Agency in Honolulu, HI. (808) 433-6875
<http://tricare-pac.tamc.amedd.army.mil/>

February 2003



**How will I know if
TRICARE paid
my claim?**



**Explanation of
Benefits
(EOB)**

How to read your TRICARE WPS Explanation of Benefits



P.O BOX 7985
MADISON, WI 53707

TRICARE SUMMARY
PAYMENT VOUCHER
BX XXXXXXXXXXXX VX

TRICARE EXPLANATION OF BENEFITS

Administered by: Wisconsin Physicians Service

This is a statement of the action taken on your TRICARE claim. Keep this notice for your records. If you have any questions regarding your claim

Payment please call:

1-608-301-2310

1-608-301-2311

PATIENT, PARENT/GUARDIAN NAME
ADDRESS
CITY, STATE ZIP CODE

A

Page 1 of 1
CHECK NUMBER XXXXXXXX
PATIENT NAME
PROCESSED DATE

All communications regarding these claims
must reference the claim number

THIS IS NOT A BILL

SPONSOR NO XXXXXXXXXXXX

SPONSOR NAME

B

PATIENT NAME
FIRST, LAST NAME

CLAIM NO
XXXXXXXX XX XXXXX

PROVIDER	SERVICE DATES	PROC	MOD	NO	TYP	BILLED	ALLOWED	CODE
KANTO PLAINS UNIVERS	08/12/02-08/20/02	XXXXX	XXXX	XX	XX	130.70	0.00	033
KANTO PLAINS UNIVERS	08/12/02-08/20/02	XXXXX	XXXX	XX	XX	39.40	39.40	
KANTO PLAINS UNIVERS	08/12/02-08/20/02	XXXXX	XXXX	XX	XX	385.46	385.46	
KANTO PLAINS UNIVERS	08/12/02-08/20/02	XXXXX	XXXX	XX	XX	1957.31	1957.31	

TOTAL 2512.87 2382.17

C

OTHER INS. ALLOWED	OTHER INS. PAID	REDUCTION DAYS	REDUCTION AMOUNT
** 0.00	1574.83	0	0.00
DEDUCT	COST SHARE	PAID BY PATIENT	TOTAL PAYABLE
** 150.00	597.45	0.00	807.34
			NET PAYMENT
			807.34

D

E

REMARKS

THE COST SHARE HAS BEEN PAID BY OTHER HEALTH INSURANCE.
\$747.45 HAS BEEN ACCUMULATED TOWARD THE CATASTROPHIC CAP OF \$3,000.00 FOR FISCAL YEAR '02.
ACCUMULATED INDIVIDUAL DEDUCTIBLE FOR FISCAL YEAR '02 IS \$150.00.
ACCUMULATED FAMILY DEDUCTIBLE FOR FISCAL YEAR '02 IS \$150.00.
ALL MONEY AMOUNT ARE LISTED IN U.S. DOLLARS. THE EXCHANGE RATES USE ARE THOSE IN EFFECT ON THE LAST DATE OF SERVICE.

CODE 033

DUPLICATE OF SERVICES PREVIOUSLY CLAIMED.

C

VOUCHER SUMMARY	
TOTAL PAYABLE 807.34	NET PAYMENT 807.34

E

The Explanation of Benefits (EOB) is a statement the TRICARE contractor, Wisconsin Physicians Service (WPS), sends you and the provider who participates in TRICARE. Each time WPS considers a claim, whether it is paid, partially paid, pended or denied, an EOB should be forward to both you and your provider about the actions they took. It is important to validate the accuracy of their payment and your financial responsibility on the claim. The EOB is your receipt for healthcare services received, keep it for future reference.